

EXPENDITURE REPORT - DIRECT HAZARD CONTROL COSTS

Due to CSD by the 15th Calendar

CSD 950C (Rev. 1/07)

Day of each Month

Contractor:		Contract No.:	Report Period:		Prepared By:			Telephone Number:			
1. Project Address	2. Project#	3. Relocation					4. Interim Controls/ Abatement	5. Clearance		6. EBL Reserve	7. Payment Requested
		3a. # of Days	3b. Lodging	3c. Food	3d. Transportation	3e. Other (Specify Below)		a. Pass	b. Amount		
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15. TOTAL											
NOTES:											